DOCUMENT RESUME

ED 200 480 SO 013 202

AUTHOR Wolfe, Mary L.; And Others
TITLE Sex Stereotyping in Drug Advertisements: Evaluation of the Informal Curriculum.
PUB DATE Apr 81
NOTE 20p.; Paper presented at Annual Meeting of the American Educational Research Association (Los Angeles, CA, April 13-17, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Advertising; Health Personnel; *Medicine; Negative Attitudes; Periodicals; *Sex Bias; *Sex Stereotypes; Social Science Research

ABSTRACT

A study to determine sex stereotyping in drug advertisements in five professional journals is reported. The first four studies examined advertisements from general medical journals; the fifth study obtained its data from a psychiatric journal. The journals are "Medical Economics," "American Family Physician," "Modern Medicine," "Journal of the American Medical Association," and the "Journal of Psychiatry." Research focused on relationships among the gender of the models, the type of drug advertised, and the kinds of activities engaged in by models. Results indicate that in spite of a decade of rapid social change, an important segment of the advertising industry persists in perpetuating outmoded stereotypes. The most persistent were advertisements depicting men as productive and active professionally and women as passive, sexual, domestic, and preoccupied with personal concerns. Of 77 models appearing as health professionals 62 were physicians, all male, and 15 were nurses, all female. A tendency was noted to overportray women in advertisements for psychotropic drugs and men in advertisements for hypertensive drugs. This tendency reinforces the notion that women's illnesses are largely emotional in origin while those of men are organic or due to work pressures. These implications are significant in that drug advertising is an informal but influential part of the continuing education of health professionals, and biased advertisements could possibly cause different behavior toward males and females.
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SEX STEREOTYPING IN DRUG ADVERTISEMENTS: EVALUATION OF THE INFORMAL CURRICULUM

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Mary L. Wolfe, Margaret Brunner, Susan Goodwin, Katherine Nakamoto, Jeanne TenBroeck, Susan Veise-Berry, and Peggy Wilds

School of Nursing, University of Maryland

655 W. Lombard Street

Baltimore, MD 21201

SP 013 242

Presented at the Annual Meeting of the American Educational Research Association, April 13-17, 1981, Los Angeles, California

ABSTRACT

A series of studies investigated the use of sexual stereotyping in prescription and nonprescription drug advertisements in medical periodicals. Significant relationships were found between the gender of the patient in the advertising display and the activity engaged in by the patient. Women were generally portrayed as passive, domestic, sexual and preoccupied with personal matters, while men were depicted in active, productive, workrelated settings. The over-representation of women in psychoactive drug advertisements decreased somewhat during the past five years; but the male physician-female nurse occupational stereotype was still found to be in wide use. Implications for the practitioner-client relationship were discussed.

SEX STEREOTYPING IN DRUG ADVERTISEMENTS:

EVALUATION OF THE INFORMAL CURRICULUM

Although the presumed goal of any advertisement is to dispose viewers favorably toward the product or service being advertised, health and social scientists have long recognized that advertising is a potent force in forming attitudes and molding opinion as well. Goffman (1977) noted that the relative physical position of the characters in an advertising photograph or drawing often provides an index of their presumed social position relative to one another. For instance, advertisements for cosmetics or household products used largely by women often show the products being demonstrated or endorsed by a man who is frequently in the foreground of the display, while the woman is positioned in the rear. A recent cigarette advertisement showed a young couple on a sailboat, with the man standing at the helm while the woman reclined decoratively but non-functionally on the deck.

Much of the literature sent to physicians, nurses and other health professionals has an avowed educative function: it purports to keep practitioners informed and abreast of new therapeutic agents and techniques in their fields. Hemminki (1973) reported that Finnish doctors, who were not at that time required to attend refresher courses, obtained a significant part of their postgraduate education from drug advertisements. Prather and Fidell (1975) observed that about three-fourths of all American physicians regard advertisements in medical journals as an important source of information about drugs. However, not all authorities view the educational aspect of drug advertising with favor. Seidenberg (1971) claimed that drug advertising has expanded the definition of mental illness to include behavior (for example, anger or boredom) which may actually be a legitimate response to intolerable

social or personal circumstances.

If one accepts two basic assumptions (Key, 1973): (i) that the motive behind any advertising is to sell, and (ii) that symbol identification and repression mechanisms are used extensively in advertising, then one must question the degree of subliminal manipulation that exists in health care product advertising. Seidenberg (1971) observed that drug advertisers reinforce society's prejudices with regard to women by portraying them as dependent, overly emotional and unstable; that is, women are viewed not only as the weaker sex but the sicker sex. Prather and Fidell (1975) found that women were over-represented in advertisements for psychoactive drugs in leading medical journals, while advertisements for non-psychoactive drugs tended to use men as models. Within the psychoactive drug category, women were shown with diffuse emotional symptoms, while men's illnesses were portrayed as organic, or arising from occupational pressures. The authors speculated that the prescribing patterns of physicians may be directly influenced by drug advertisements, and that overrepresentation of women in advertisements for certain types of drugs may lead to overprescription of those drugs for women. Courtney and Lockerit (1971) found that, in general, the images of women reflected in advertising were limited and traditional. Smith (1977) argued that drug advertisements may encourage "at-a-glance" diagnosis by using attention-getting displays that appeal to the emotions.

For good or ill, drug advertising must be regarded as an informal but influential part of the continuing education of health professionals, and as such, needs to be evaluated as rigorously as classroom lectures, seminars, laboratory exercises and other more formal modes of instruction. The present paper is a summary report of a series of five short studies conducted at the

University of Maryland Graduate School of Nursing during the 1978-1979 academic year. Drug advertisements (both prescription and non-prescription) in several periodicals widely circulated among health professionals were subjected to systematic content analysis (Holsti, 1969) with attention focused on relationships between the gender of the models in the displays, the type of drug advertised, and the kinds of activities engaged in by the models. It was predicted that (i) women would be portrayed more often as passive, dependent and preoccupied with personal and domestic matters, while men would tend to be shown as active, independent and work-oriented; and (ii) women would be over-represented in advertisements for psychotropics drugs. Longitudinal trends in drug advertising were also investigated.

METHOD

Although similar hypotheses and research questions were addressed in all five studies, the data sources and data collection methods were varied from study to study in an effort to enhance the generalizability of the results. Studies I, II, III and IV examined advertisements from general medical journals, while Study V obtained its data from a psychiatric journal. All journals were selected because of their wide circulation and high advertising content. In Studies I and II, issues published over a relatively short period of time (a year to 20 months) were used, while Studies III, IV, and V were semi-longitudinal in nature. In each case the data were obtained from advertisements in which patients were portrayed by means of photographs, sketches, cartoons, paintings, or mannequins. With the exception of Study IV, Hamminki's criteria (1973) were used to classify drugs as psychotropic (i.e., major and minor tranquilizers, sedatives, and antidepressants). In Study IV, psychotropic drugs were defined using Bergson's

criteria (1976): major and minor tranquilizers and antidepressants.

STUDY I.

Six issues of Medical Economics published during 1978 were examined. Although a number of advertisements appeared in more than one issue, each was analyzed as a separate display under the assumption that multiple appearances of an advertisement would have a greater impact on the reader than single appearances. The following information was recorded for each advertisement: type of drug, number of patients portrayed, sex of each patient, and activity in which each patient was engaged. Each patient was placed into one of the following five categories according to the activity in which he or she was engaged:

1. Occupational: at work or on the way to work.
2. Social activity or recreation: engaged in sport, walking, watching television, playing cards, reading, or eating or drinking with another person.
3. Personal, domestic, or marital activity: cooking, cleaning, gardening, sex, child care, personal care, eating or drinking alone.
4. Response to symptoms of illness: taking medication, telephoning a physician, agitated or aggressive behavior, suppressing a cough, or using a therapeutic device.
5. Passive behavior: lying down, sitting or standing still.

STUDY II.

Eleven issues of American Family Physician published between January, 1977 and August, 1978 were examined. Information about each advertisement was recorded using the scheme described in Study I, with the following exception: Category 3 (Personal, domestic, or marital

activity) was further divided into three subcategories:

(i) Domestic: engaged in household activities, cooking, cleaning, or child care.

(ii) Personal: bathing or showering, eating alone, grooming, weighing one's self on a scale.

(iii) Sexual: displaying all or part of the body in a suggestive fashion, or a man caressing a scantily-clad woman.

STUDY III.

All issues of Modern Medicine published during 1960, 1968, and 1976 (a total of 69 issues) served as data source for this study. It should be noted that during 1976, only one issue of the journal was published per month, instead of the customary two. Data for each advertisement were recorded using the basic scheme of Study I; however, data on the proportion of body displayed by each patient were not obtained.

STUDY IV.

Thirty-six issues of the Journal of the American Medical Association published during 1960, 1968, and 1976 were examined. Stratified random sampling was used to select one issue from each month, in order to control for the possible confounding influence of seasonal variations in specific drug advertisements. The following data were recorded for each drug advertisement: type of drug, sex of the patient or patients, proportion of body displayed for each patient, activity engaged in by each patient, occupation of the health care provider (physician, nurse or other) and sex of the health care provider. Categorization of patient activity followed the scheme used in Study I.

STUDY V.

Twenty-nine issues of the American Journal of Psychiatry published between January and September during 1968, 1973 and 1978 were examined. Only psychotropic drug advertisements were used as sources of data. Each advertisement was placed into one of five categories, according to whether it portrayed:

1. one or more male patients
2. one or more female patients
3. both male and female patients
4. patients of indeterminate gender ("neuter")
5. a non-human figure or entity

Only those figures which were clearly identifiable as human patients were included in categories 1-4. A representation was classified as "neuter" if the patient's body, or portion thereof, could not be clearly identified as either male or female. For purposes of statistical treatment, categories 3, 4, and 5 were combined into a single category (Neutral).

The chi-square statistic was used in Studies I, II, III, and IV to test the significance of relationships among variables. Where a significant chi-square was obtained, post hoc analysis was carried out using the z test for the significance of a proportion. In Study V, data were analyzed using the z test for the significance of the difference between two proportions.

RESULTS

STUDY I.

When data from all drug advertisements in the sample were analyzed, a significant relationship ($p < .01$) was found between sex and type of activity (see Table 1). Post hoc analysis showed significant sex bias ($p < .05$) in all five activity categories. Of the 50 models portrayed in work roles, all were male. Proportionally more women were shown in personal-domestic-marital and

passive situations, while proportionally more men were shown engaging in recreational-social activities and responding to symptoms of illness. The proportion of women shown in advertisements for psychotropic drugs (61 percent) was significantly greater ($p < .05$) than would be expected from the proportion of women in the sample, a result in accord with that of Prather and Fidell.

STUDY II.

A significant overall relationship ($p < .01$) between sex and type of activity was found in this study as well (see Table 2). Post hoc analysis showed significant sex bias in every category but one (passive). Women were significantly over-represented in advertisements showing active response to illness, personal, sexual, recreational and domestic activities, and were significantly under-represented in work-related roles. Men were overportrayed in advertisements for hypertensive drugs, supporting Prather and Fidell's observation that male models tended to be associated with those illnesses usually thought to arise from occupational pressures.

STUDY III.

In 1960 and 1976, women were significantly overportrayed ($p < .05$) in psychotropic drug advertisements, but not in 1968. Significant relationships ($p < .01$) between sex and type of activity were found in advertisements from the 1960, 1968, and 1976 issues (see Table 3). Longitudinally, the occupational and passive categories were the only ones in which sex-role stereotyping remained constant over time. Post hoc tests revealed that women were significantly ($p < .01$) under-represented in work-related roles in 1960, 1968, and 1976, although the proportion of women shown at work or on the way to work increased somewhat from 1960 to 1976. By 1976, women were no longer

overportrayed in personal-domestic-marital roles, but were underportrayed in social-recreational settings. In 1976, men predominated in advertisements showing active response to illness, a result in agreement with Study I.

STUDY IV.

Significant relationships between sex and type of activity were found in advertisements from the 1960, 1968, and 1976 issues ($p < .01$). Since the cell frequencies were quite low in a number of categories (see Table 4) the results of the post hoc tests were not uniformly interpretable; nonetheless, longitudinal trends can be detected. Men continued to be overportrayed in work-related roles while patients shown in personal-domestic-marital and passive situations were predominantly women. In the other categories the sex-role stereotyping was not as evident, although in 1968, men were significantly over-represented in displays showing active response to symptoms of illness. A perfect correlation was noted between the sex and the occupation of the health care provider: without exception all nurses portrayed in advertisements during 1960, 1968, and 1976 were women, and all physicians were men.

STUDY V.

Analysis of psychotropic drug advertisements taken from 1968, 1973, and 1978 issues of the American Journal of Psychiatry focused on the proportions of advertisements which could be categorized as male, female, or neutral in content during each year. The z-test (two-tailed) for the significance of the difference between two proportions was used to analyze longitudinal trends. The proportion of advertisements portraying only male patients remained essentially constant over time. However, between 1973 and 1978 there

was a significant decrease ($z = 2.46$, $p < .05$) in the proportion of advertisements showing only women, and a corresponding significant increase ($z = 2.31$, $p. < .05$) in the proportion of neutral portrayals (see Table 5).

DISCUSSION

As early as 1971, Seidenberg observed: "They [the drug advertisers] also appear to pander to society's prejudices concerning women, who are almost always portrayed unfavorably, and never (at least, not in the last ten years in the twenty-four journals studied) as a therapist, despite the fact that 15% of all psychiatrists are women." (Seidenberg, 1971:29) The results obtained with the limited samples in the present series of studies would seem to indicate that in spite of a decade of rapid social change, an important segment of the advertising industry persists in perpetuating outmoded stereotypes.

Studies I through IV focused on advertisements in general medical journals, and examined the relationships between the gender of the patients portrayed in each advertisement and the type of drug advertised, or the activity engaged in by the patient. The most persistent stereotypes proved to be those of men as productive and active professionally, and women as passive, domestic, sexual and preoccupied with personal concerns. When the investigators' attention shifted to the health care provider in the advertisements, as in Study IV, the bias was even more apparent. A total of 77 models appearing as health care providers during 1960, 1968, and 1976 included 62 physicians, all male, and 15 nurses, all female.

Lest the reader conclude that only women are ill-treated in drug advertisements, it should be noted that men tended to be over-represented

in displays showing the patient actively, even aggressively responding to symptoms of illness. A common cliche, familiar to viewers of some of the early television situation comedies, was the family setting in which the father was forced to stay home from work because of a minor ailment. He was often portrayed as a noisy, demanding, inconsiderate patient, requiring constant care from a wife who may even have been sick herself. Drug advertising appears to have incorporated this stereotype into its gallery of cultural images.

The tendency to overportray women in advertisements for psychotropic drugs, and men in advertisements for hypertensive drugs, noted in Studies I, II, and III, is in general agreement with results found by Prather and Fidell and reinforces the notion that women's illnesses are largely emotional in origin while those of men are organic or due to work pressures. However, when psychotropic drug advertisements alone served as the research focus, as in Study V, an interesting trend emerged. There was no significant change in the proportion of advertisements portraying only men as patients from 1968 to 1978. But from 1973 to 1978, the proportion of advertisements showing only women decreased significantly, while the proportion of neutral advertisements increased. One possible explanation for this trend may be that those responsible for advertisements carried in this particular journal became more sensitive to the societal changes which have occurred during the past decade. The use of neutral portrayals in psychotropic drug advertisements may have been a deliberate attempt to present a more egalitarian image of the emotionally distressed patient. To shift from overuse of female models to overuse of male models would simply have resulted in the substitution of one negative stereotype for another.

The results of the series of studies reported here, although differing in detail, suggest that certain advertising stereotypes persist over time, and across a variety of health care publications. The images of women and men in drug advertisements appear to reflect quite accurately the cultural norms of our society: behavior which would be regarded as normal and even desirable in one sex (for example, aggressiveness in men or dependency in women) is often viewed as deviant in the other. And in spite of the increasing numbers of women in medicine and men in nursing, the two professions each continue to be represented as the exclusive province of a single sex. Of course, it cannot be demonstrated beyond doubt that biased drug advertisements cause health professionals to behave differently toward male and female clients. However, it is interesting to speculate, as did Prather and Fidell (1975), on the possible effects on both professionals and clients. The same set of symptoms may be interpreted differently by a doctor or nurse according to whether the patient is male or female, with the result that quite different treatment regimens may be prescribed. On the other hand, patients may learn to behave according to stereotyped sexual images in order to obtain a desired drug or other treatment. The present concern over multiple use and abuse of legally prescribed and obtained drugs should lead practitioners to question seriously the extent to which their prescribing practices are manipulated by their patients. In any case, the purported intent of drug advertisements -- to provide accurate, up-to-date information to the consumer -- has been perverted, and both the provider and the recipient of health care services have been miseducated.

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TABLE 1.

Relationship between Sex and Activity for Drug Advertisements in Medical Economics

		Type of Activity				
		Occupational	Social-recreational	Personal-domestic-marital	Response to illness	Passive
Sex	M	50	81	9	30	87
	F	0	36	18	9	133

$\chi^2 = 84.55$, df = 4, $p < .01$

TABLE 2.

Relationship between Sex and Activity for Drug Advertisements in American Family Physician

		Type of Activity						
		Occupational	Recreational	Domestic	Personal	Sexual	Response to illness	Passive
Sex	M	203	99	9	26	17	118	82
	F	16	93	21	31	19	89	57

$\chi^2 = 122.95$, df = 6, $p < .01$

TABLE 3

Relationship between Sex and Activity for Three Years of Drug Advertisements in Modern Medicine

Type of Activity

		Occupational	Social-recreational	Personal-domestic-marital	Response to illness	Passive
1960	M	145	83	63	134	79
	F	27	104	139	171	163
		χ^2 = 137.65, df = 4, p < .01				
1968	M	130	149	37	172	154
	F	28	110	98	189	187
		χ^2 = 102.62, df = 4, p < .01				
1976	M	32	84	17	99	55
	F	11	56	25	78	147

χ^2 = 60.43, df = 4, p < .01

TABLE 4

Relationship between Sex and Activity for Three Years of Drug Advertisements in Journal of the American Medical Association

		Type of Activity				
		Occupational	Social-recreational	Personal-domestic-marital	Response to illness	Passive
1960	M	34	17	12	65	28
	F	5	24	47	91	67
		$\chi^2 = 50.28$, df = 4, $p < .01$				
1968	M	7	7	4	49	30
	F	2	3	22	37	46
		$\chi^2 = 21.15$, df = 4, $p < .01$				
1976	M	7	16	2	15	17
	F	4	1	1	17	23
		$\chi^2 = 14.40$, df = 4, $p < .01$				

TABLE 5

Proportions of Male, Female and Neutral Portrayals in Psychotropic Drug Advertisements in Three Years of American Journal of Psychiatry

Proportions

	Male	Female	Neutral	Total number
1968	.34	.44	.22	256
1973	.33	.44	.23	169
1978	.34	.21	.45	203